

CUSTOMER REQUEST TO CHANGE ADDRESS

For use by structured settlement claimants/payees only

Please print using blue or black ink

Information

The customer identified in section 1 below (Customer) is named as an claimant/payee under a structured settlement annuity contract (the SSA Contract) issued by Prudential. The SSA Contract is owned by a financial institution or government entity (the Owner). The Customer is requesting a change in address on Prudential's records for notices and/or payments, as indicated below. If amounts due under the SSA Contract are payable jointly to two or more claimants/payees, all such claimants/payees must sign this form to authorize any change in address for payments.

1. Customer information

First name of customer

Middle initial

Last name

Contract number

Social Security number

2. Electronic Funds Transfer (EFT) information

Are your structured settlement payments currently deposited to a bank account by EFT? Yes No

a. If **No**, and you wish to enroll for automatic deposit of structured settlement payments to a bank account (account must be in your name), use the **Electronic Funds Transfer Enrollment form**. If you also need to change address for notices, go to section 3 below and continue to complete this form.

b. If **No**, and you do not wish to enroll in EFT deposit, go to section 3 below and continue to complete this form to change address for notices and payments.

c. If **Yes**, do you wish to continue to use EFT to receive payments? Yes No

i. If **Yes**, go to section 3 below and continue to complete this form to change address for notices. (If you need to change your EFT bank account information, please send notice of your changes to the address below.)

ii. If **No**, and you wish to cancel EFT deposit arrangements and have notices and payments mailed to the same address, confirm by selecting the box below.

The undersigned claimant/payee and joint claimant/payee, if any, hereby authorize(s) Prudential to cancel existing EFT deposit arrangements and mail notices and payments to the same address, as indicated below.

To have notices and payments mailed to your current address on Prudential's records, complete section 3a.

To have notices and payments mailed to a new address, complete sections 3a and 3b.

3. Customer's address

a. Please tell us your **current address**. This current address is for: **Notices** **Payments**

Street

Apt

City

State

ZIP code

3. Customer's address (continued)

b. Please tell us your **new address**. This new address is for: **Notices** **Payments***

*If amounts due under the SSA Contract are payable jointly to two or more claimants/payees, all such claimants/payees must sign this form to authorize any change in address for payments.

Street

Apt

City

State

ZIP code

Telephone number

4. Effective date(s) (optional)

You may tell us the date your requested change in address should start. The starting date can be the same as an annuity payment date. You may also tell us when any requested change should expire. Details of your address after the expiration date must be provided on a separate address change form. To make any change effective on a specific date, however, we need to receive the appropriate form at least 30 calendar days prior to such date.

Starting date:

Month

Day

Year

Expiration date:

Month

Day

Year

5. Signature

The undersigned agree(s) that any change requested on this form and accepted by Prudential will remain effective until and unless the undersigned submits to Prudential in writing and Prudential accepts any subsequent request to change address, or any law or legal notice binding on Prudential requires otherwise. The effective date of an address change will not be more than 30 calendar days after receipt of this form, duly completed, at the address set forth below. No change of address shall be accepted and made effective, however, if in good faith Prudential determines that such change is, or may be, in conflict with any applicable law or court order, or with the claims of any other person.

X _____
Signature of claimant/payee or claimant/payee's guardian¹

Month

Day

Year

Name of claimant/payee or claimant/payee's guardian

X _____
Signature of joint claimant/payee or joint claimant/payee's guardian^{1,2}

Name of joint claimant/payee or joint claimant/payee's guardian

¹ If any claimant or joint claimant is a minor or lacks legal capacity, this form must be signed by the legal guardian responsible for the custody and care of such claimant's financial interests with respect to the SSA Contract identified herein.

² If amounts due under the SSA Contract identified herein are payable jointly to two or more claimants/payees, all such claimants/payees must sign this form.

6. Mailing instructions

Please return this form completed and signed to:

The Prudential Insurance Company of America

Prudential Retirement

P.O. Box 70197

Philadelphia, PA 19176